

Request for Proposals
Partnering with Communities to Prevent and Reduce Obesity

The Rhode Island Department of Health's Center for Health Equity and Wellness, in collaboration with the Division of Family Health, is requesting grant proposals from public and not-for-profit community-based organizations and community coalitions to support communities in the development and implementation of guidelines, environmental supports, and programs that promote healthy eating and active living in Rhode Island. This Request for Proposals (RFP) contains the administrative procedures and instructions for preparation and submission of a proposal. Applicants must meet all of the requirements specified in this RFP.

OVERVIEW

Scope of Work:

Task 1: Establish a community coalition to promote healthy eating and active living in the community.

The Rhode Island Department of Health seeks to support three (3) community-based agencies in taking a leadership role in formation of a community coalition to promote healthy eating and active living in the community. The community coalition will complete an assessment of community barriers and resources, existing programs, and gaps in services related to obesity and the four targeted behaviors: physical activity, screen time, nutrition and breastfeeding (Appendix A).

OR

Task 2: Expand an existing community assessment and develop a community intervention plan to promote healthy eating and active living in the community.

The Rhode Island Department of Health seeks to support three (3) existing community coalitions in expanding an existing community assessment to include or enhance obesity-related information and developing an intervention plan to address obesity and the four targeted behaviors: physical activity, screen time, nutrition and breastfeeding (Appendix A).

Award:

One-year grants, up to a maximum of \$10,000 per award, will be awarded. Three (3) grants will be awarded to community-based agencies to complete Task 1, and three (3) grants will be awarded to existing community coalitions to complete Task 2. Eligible applicants can apply for **either** Task 1 or Task 2. The contract period is expected to begin **September 30, 2006 to April 30, 2007**.

Deadline: The closing date for receipt of all proposals is **June 23, 2006** by 4:00 p.m. Any proposals received after this date and time will not be considered. An original and four (4) copies of the proposal must be delivered or mailed to:

Kathleen Cullinen, Program Manager
Initiative for a Healthy Weight
Division of Community Health and Equity
Rhode Island Department of Health
Three Capitol Hill, Room 408
Providence, RI 02908

ELIGIBILITY CRITERIA

Applicants should meet the following eligibility criteria:

Task 1

- . • An existing organizational commitment to improving the health of local residents.
- . • A demonstrated ability to reach low-income racial and ethnic minority groups.
- . • A demonstrated ability to collect, analyze, and maintain data.
- . • A demonstrated ability to mobilize the community.
- . • Demonstrated experience forming and supporting coalitions or task forces.
- . • Not-for-profit, community-based organizations in good standing with the Federal Government

Task 2

- . • An existing, well-functioning community coalition, network, task force, or group commitment to improving the health of local residents.
- . • Diverse membership.
- . • An existing community assessment that indicates community interest in addressing obesity and the four targeted behaviors.
- . • A demonstrated ability to reach low-income racial and ethnic minority groups.
- . • A demonstrated ability to collect, analyze, and maintain data.
- . • A demonstrated ability to mobilize the community.
- . • Not-for-profit, community-based organizations in good standing with the Federal Government (If a coalition does not have 501(c)(3) status, the coalition may designate a member agency as the applicant (lead) agency to apply for Task 2 funding on behalf of the coalition.)

NOTE: Priority will be given to those communities with a high prevalence of obesity and/or large racial and ethnic minority populations known to be disproportionately affected by obesity.

NOTE: For Task 2, at least two (2) of the three (3) grants will be awarded to coalitions focusing on obesity in children, addressing the child in the context of their family and their community.

SCOPE OF WORK

Task 1: Establish a community coalition to promote healthy eating and active living in the community.

Deliverable 1.1 Formation of community coalition to promote healthy eating and active living.

(Due at the end of the 2nd Quarter)

A coalition is a collaborative union of individuals and groups working together to achieve a shared goal. Coalition members should represent diverse interests and come from a variety of sources such as city or town government (e.g. town planners, traffic engineers, park and recreation staff), police departments, healthcare providers, school administrators, teachers, coaches, students, parents, after-school initiatives, sports clubs/leagues, faith-based organizations, community agencies, community support groups, business owners, food vendors, local grocers, restaurant owners, media representatives (e.g. local reporters), and local racial and ethnic minority groups.

Roles and Responsibilities:

Applicant (Lead) Agency's Responsibilities

- a. Identify and recruit coalition members from the groups specified above (See Requirements)
- b. Convene, staff, and provide meeting space for coalition meetings.
- c. Provide translation and/or interpreter services, as needed.
- d. Identify resources needed for completion of the community needs assessment.
- e. Participate in quarterly grantee meetings.

Grantor's Responsibilities

- a. Provide training, technical assistance, and resources to the applicant (lead) agency regarding obesity and the four targeted behaviors.
- b. Provide training, technical assistance, and resources regarding the role of community coalitions in obesity prevention and control.
- c. Assist the applicant (lead) agency in identifying coalition members.
- d. Attend coalition meetings and provide technical assistance, as needed.
- e. Assist lead agency in identifying additional resources for completion of the community needs assessment.
- f. Host quarterly grantee meetings.

Deliverable 1.2 Completion of an assessment of community barriers and resources, existing programs, and gaps in services related to obesity and the four targeted behaviors.

(Due at the end of the 4th Quarter)

A community assessment usually includes:

- a. A summary of existing data and information on the local prevalence of obesity.
- b. Information about residents' knowledge, perceptions, and attitudes related to the four targeted behaviors.
- c. Information about residents' current practices regarding the four targeted behaviors.

- d. An inventory of existing community resources to support and promote the four targeted behaviors.
- e. An inventory of existing policies that promote and support the four targeted behaviors in schools, worksites, community settings, health care or local government.
- f. An inventory of environmental factors that influence the four targeted behaviors, e.g., fast food restaurants, sidewalks, traffic speeds, open space, restaurants, availability of fresh produce, etc.
- g. A description of community barriers and facilitating factors to achieving targeted behaviors.
- h. Identification of target groups, i.e., those at highest risk of overweight and obesity and/or racial and ethnic minorities.
- i. Information regarding culturally competent approaches to obesity prevention appropriate for the community.
- j. Identification of resources for further action, e.g., development and implementation of an intervention plan to address obesity and the four targeted behaviors.

Roles and Responsibilities:

Community Coalition's Responsibilities

- a. Complete an assessment of community barriers, resources, gaps in services and opportunities related to obesity and the four targeted behaviors.
- b. Create a map of the community identifying community resources and/or deficits with regard to the four targeted behaviors.
- c. Submit a copy of the community map and assessment to the grantor.
- d. Identify resources for the development of an intervention plan to address obesity and the four targeted behaviors.
- e. Participate in quarterly grantee meetings.

Grantor's Responsibilities

- a. Provide training, technical assistance, tools and resources for coalition to use in completion of the community assessment.
- b. Provide coalitions with available data regarding obesity and the four target behaviors to use in the community assessment.
- c. Assist lead agency in the identification of resources for further action, e.g., development and implementation of an intervention plan to address obesity and the four targeted behaviors.
- d. Host quarterly grantee meetings.

Task 2: Expand an existing community assessment and develop a community intervention plan to promote healthy eating and active living in the community.

Deliverable 2.1 Expand an existing community assessment to include or enhance obesity-related information
(Due at the end of the 2nd Quarter)

A community assessment usually includes:

- a. A summary of existing data and information on the local prevalence of obesity.
- b. Information about residents' knowledge, perceptions, and attitudes related to the four targeted behaviors.
- c. Information about residents' current practices regarding the four targeted behaviors.
- d. An inventory of existing community resources to support and promote the four targeted behaviors.
- e. An inventory of existing policies that promote and support the four targeted behaviors in schools, worksites, community settings, health care or local government.
- f. An inventory of relevant environmental factors that influence the four targeted behaviors, e.g., fast food restaurants, sidewalks, traffic speeds, open space, restaurants, availability of fresh produce, etc.
- g. A description of community barriers and facilitating factors to achieving targeted behaviors.
- h. Identification of target groups, i.e., those at highest risk of overweight and obesity and/or racial and ethnic minorities.
- i. Information regarding culturally competent approaches to obesity prevention appropriate for the community.
- j. Identification of resources for further action, e.g., development and implementation of an intervention plan to address obesity and the four targeted behaviors.

Roles and Responsibilities:

Community Coalition's Responsibilities

- a. Expand assessment of community barriers, resources, gaps in service and opportunities related to obesity and the four targeted behaviors.
- b. Create a map of the community identifying community resources and/or deficits with regard to the four targeted behaviors.
- c. Submit a copy of the community map and assessment to the grantor.
- d. Identify resources for the development of an intervention plan to address obesity and the four targeted behaviors.
- e. Participate in quarterly grantee meetings.

Grantor's Responsibilities

- a. Provide training, technical assistance, tools and resources for coalition to use in the expansion of the community assessment.
- b. Provide coalitions with available data regarding obesity and the four target behaviors to use in the expansion of the community assessment.
- c. Assist lead agency in the identification of resources for further action, e.g., development and implementation of an intervention plan to address obesity and the four targeted behaviors.
- d. Host quarterly grantee meetings.

Deliverable 2.2 Develop an intervention plan to address obesity and the four targeted behaviors.

(Due at the end of the 4th Quarter)

The intervention plan should include:

- a. A summary statement that includes identification of groups at highest risk, available resources, barriers, etc.
- b. SMART (specific, measurable, attainable, results-oriented, time-phased) objectives focused on addressing the four targeted behaviors in the target populations.
- c. Strategies for achieving these objectives by working with and influencing decision makers in a variety of settings, e.g., planning and zoning boards, health care, schools, childcare, after-school programs, community-based organizations, faith-based agencies, grocery stores, restaurants, etc.
- d. Identification of resources to support implementation of the interventions plan.
- e. Interventions that are based on evidence and best practices (policies, environmental supports and programs).
- f. Interventions that address at least two levels of the socio-ecological model (Appendix B).
- g. Evaluation section that describes how the group will determine if objectives were achieved.

Roles and Responsibilities:

Community Coalition's Responsibilities

- a. Develop an intervention plan to address obesity and the four targeted behaviors based on the assessment of the community barriers, resources, gaps in services and opportunities related to obesity.
- b. Submit the intervention plan to the grantor for review and comment.
- c. Revise the intervention plan on an ongoing basis, as needed.
- d. Identify resources for implementation of the intervention plan.
- e. Participate in quarterly grantee meetings.

Grantor's Responsibilities

- a. Provide training, technical assistance, tools and resources for coalition to use in the development of an intervention plan.
- b. Review the intervention plan and make recommendations to the community coalition.
- c. Assist the community coalition in identifying resources for implementation of the intervention plan
- d. Host quarterly grantee meetings.

PROPOSAL FORMAT AND REQUIREMENTS

Proposals should be typed, double-spaced, and paginated and should be no longer than 10 pages (excluding appendices) and should include the following sections. Each section should not exceed the page limits indicated.

1. Project Abstract (1 page)

The Project Abstract should provide an overall summary of the proposed project. Please use the Project Abstract Form in the application package.

2. Applicant Description (2 pages)

The Applicant Description should provide a detailed description of the community-based organization (Task 1) or the community coalition and/or lead agency (Task 2), including evidence that the applicant meets the eligibility criteria set forth in this RFP (See Eligibility Criteria). Descriptions could include, but are not limited to, the following information:

- . • Type of organization, e.g. public/not-for-profit
- . • Governing structure
- . • Mission/vision
- . • History of community-based agency (Task 1) or coalition and/or lead agency (Task 2)
- . • Major accomplishments
- . • Current activities and services
- . • Track record in serving racial and ethnic minority populations
- . • Prior/current experience with obesity prevention and health promotion
- . • Reasons why the applicant would be an appropriate choice for this program

Please be sure to provide the race and gender of the members of your community-based agency (Task 1) or coalition and/or lead agency (Task 2) in this section by using the Agency Demographic Form included in this application packet.

3. Project Narrative (5 pages)

The Project Narrative should constitute the bulk of the proposal, describing in detail the proposed project and how it will be carried out in accordance with the application instructions. The project narrative should include the following sections:

A. Statement of Need and Population to be Served

This section should describe the degree of need or severity of the obesity problem in the community and the populations that will be served. Demographic characteristics, such as race, ethnicity, socioeconomic status, and age of the target population should be described, with emphasis on factors that contribute to the identified needs of this population. The organization's access to the target population must also be described. Specifically, this section should include:

- a. Local demographic data regarding the population (age, sex, race, ethnicity, socioeconomic data, etc.), including data identifying racial/ethnic health disparities.
- b. Existing quantitative and qualitative (focus groups, interviews, surveys) data related to obesity and the four targeted behaviors.
- c. Identification of groups at the highest risk of obesity.

B. Project Activities

This section should include the following information:

Task 1: Establish a community coalition to promote healthy eating and active living in the community.

- a. Description of the process that the applicant will use to create and convene a community coalition to promote healthy eating and active living in the community. This description should include a list of potential members and the process that will be used to recruit coalition members from relevant groups (See Deliverable 1.1 for a list of potential groups).
- b. Identification of potential resources (staff, facilities, additional funds, existing partnerships, etc.) that the applicant will use to support project activities.
- c. Description of how and where the applicant will maintain program data, e.g., minutes of meetings, needs assessment data, etc.
- d. Explanation of why the applicant is the appropriate group to carry out the scope of work described in this RFP.

Task 2: Expand an existing community assessment and develop a community intervention plan to promote healthy eating and active living in the community.

- a. Explanation of how coalition membership will be expanded to include representatives from relevant groups (See Deliverable 1.1 for a list of potential groups).
- b. Description of existing community needs assessments or reports about obesity and the four targeted behaviors.
- c. Description of how the applicant will expand existing assessment to include or enhance obesity-related information.
- d. Identification of potential resources (staff, facilities, additional funds, existing partnerships, etc.) that the applicant will use to support project activities.
- e. Description of how and where the applicant will maintain program data, e.g., minutes of meetings, needs assessment data, etc.
- f. Description of the process that the applicant will use to develop an intervention plan to address obesity and the four targeted behaviors based on the results of the community needs assessment.
- g. Explanation of why the applicant is the appropriate group to carry out the scope of work described in this RFP.
- h. Description of past experience developing intervention plans.
- i. Evidence that the community coalition includes appropriate representation from local and racial and ethnic minority population groups.

C. Project Timeline

This section should outline the proposed time frame for achieving project activities. Please use the Project Timeline Form provided in the application package. All funded projects must be implemented upon award of a contract beginning approximately **September 30, 2006 through April 30, 2007**. Note: Part B (Project Activities) and Part C (Project Timeline) can be combined by using the Work Plan Form provided in the application packet.

D. Project Administration & Staffing Plan

This section should describe how the community-based agency (Task 1) or community coalition (Task 2) will function on a day-to-day basis and identify the staff person responsible for overseeing the project. Specifically, it should describe the following:

- . • The agency's or coalition's ability to implement the project upon notification of the grant award and how the proposed project will be integrated into established operations.
- . • How the racial and ethnic composition of the target population will be given consideration in the selection and recruitment of administrative and service delivery staff.

E. Community Support and Linkages

This section should describe community support and service linkages as it relates to the project activities. This section should be used to identify partners that will help with one or more of the project activities. Please provide letters of support / agreement to document community support and service linkages.

F. Proposed Evaluation Plan

This section should include the following components:

- . • Questions to be answered through the evaluation.
- . • Discussion of who will benefit from the evaluation results.
- . • Description of the indicators that will be used to document attainment of project objectives.
- . • Description of the types of evaluation data that will be collected and the tools that will be used for data collection.

4. Project Budget (2 pages)

The Project Budget describes in detail the expenses of the program and consists of two parts: a financial budget and a budget narrative. Applicants are advised that the grantor is not responsible for any expenses incurred by the applicant prior to the contract award. The components of both the financial budget and the budget narrative are described below:

A. Financial Budget

The Financial Budget is a listing of all project expenses. Please use the Budget Form provided in the application package to prepare the financial budget. Please describe the following allowable expenses in the financial budget:

- **Personnel:** Indicate each staff position for this project. Show percent of time allocated to this project, hourly wages and total annual salary, the amount of that salary that will be in-kind, and the remaining amount that is being requested under this RFP.
- **Fringe Benefits:** Include those benefits normally provided by an organization, such as state/federal taxes, health coverage, FICA, pension plans. Also, indicate a fringe benefit rate for the organization.
- **Printing:** Include the cost of duplicating or printing educational materials to be distributed during the contract year. The duplication or printing of flyers, brochures, booklets, information sheets and other educational materials related to the project will be covered.
- **Consumable Supplies:** List office and program supplies allocated to the project. Project refreshments should also be included in this line item.
- **Telephone:** Include telephone expenses associated with the project.
- **Postage:** Indicate postage expenses allocated to the project.
- **Resource Materials:** List books, curriculums, videos and other resource materials purchased for program use.
- **Facilities / Rental Expense:** Indicate the cost of office space and other facility expenses incurred as a result of this project (i.e. rental of program space).

Note: Indirect costs are NOT an allowable expense for proposals submitted in response to this RFP. Indirect costs are expenses that cannot be clearly tracked and are not included in one or more of the allowable expense categories.

B. Budget Narrative

The Budget Narrative should clearly explain the purpose of each item listed in the financial budget. Evidence of the financial health of the organization as documented by a copy of the organization's most recent financial audit is required. If the financial audit is not available, a copy of the organization's most recent financial statement must be provided.

5. Proposal Appendices (No page limit)

The following materials are required appendices to the proposal:

- a. Evidence of nonprofit status, i.e., a copy of 501(c)(3)
- b. Staff resumes and job descriptions
- c. Letters of support / agreement

For Task 2, please include the following additional appendices

- a. List of coalition members (Required)
- b. Existing community assessments or reports (Required)
- c. Intervention plans or other relevant reports (If available)
- d. Community coalition meeting minutes (Optional)

TECHNICAL ASSISTANCE

All applicants applying for funds through this RFP are strongly encouraged to attend one of two Technical Assistance Workshops on either June 5 or June 6, 2006. Both workshops will be held at the Rhode Island Department of Health, 3 Capitol Hill (Health Policy Forum, Lower Level), Providence, Rhode Island.

Technical questions pertaining to this RFP should be directed to Ms. Cullinen at the above referenced address or by calling 222-3497. No other contact with the State employers regarding this RFP is

allowed.

Applicants who are unable to attend one of the workshops may obtain copies of materials presented and distributed at the workshop by contacting Lina Alba at 401-222-7464.

RECEIPT, PROTECTION AND OPENING OF PROPOSALS

The closing date for receipt of all proposals is **June 23, 2006 by 4:00 p.m.** Any proposals received after this date and time will not be considered. An original and four (4) copies of the proposal must be delivered or mailed to:

Kathleen Cullinen, Program Manager
Initiative for a Healthy Weight
Division of Community Health and Equity
Rhode Island Department of Health
Three Capitol Hill, Room 408
Providence, RI 02908

Proposals will be stored in a locked file cabinet as they are received and shall be protected from disclosure until they are opened.

SELECTION PROCESS

Proposals will be reviewed and evaluated according to the grantor's priorities (Appendix C) and the project standards outlined in this RFP. The selection of grant recipients will be based upon an evaluation of the grant application by a small panel of Rhode Island Department of Health employees from the Initiative for a Healthy Weight, the Center for Health Equity and Wellness, the Division of Family Health. Priority will be given to communities that have a high prevalence of overweight and obesity and/or large racial and ethnic minority populations known to be disproportionately affected by overweight and obesity. The Rhode Island Department of Health will then award funding to the applicants that best meet the selection criteria for this RFP.

RIGHT TO AWARD, REJECT, OR NEGOTIATE

The Rhode Island Department of Health reserves the right to:

- . • Award a contract with or without further discussion of the proposals submitted.
- . • Reject any and all proposals submitted.
- . • Request an oral presentation of the proposal to clarify the proposal and to ensure mutual understanding.
- . • Arrange an on-site pre-award visit to determine the applicant's ability to meet the terms and conditions of the RFP.
- . • Establish a later effective date in the contract if circumstances are such that it is in Rhode Island Department of Health's best interest to delay it.

RECORDS, REPORTS AND REQUIREMENTS

- . • All records and reports pertinent to a funded project will be accessible to HEALTH upon request.
- . • Monthly billing reports as defined by the Rhode Island Department of Health.
- . • A final report must be received by May 31, 2007.
- . • Final invoice forms must be received by May 31st, 2007.

SCHEDULE

Technical Assistance Workshop: **June 5, 2006 from 9:00am to 10:00am.**

Technical Assistance Workshop: **June 6, 2006 from 3:00pm to 4:00pm.**

Proposals are due: **June 23, 2006 at 4:00pm.**

Successful applicants notified by: **June 30, 2006**

Appendix A

Target Behaviors *(from RI State Plan to Promote Healthy Eating & Active Living)*

1. Nutrition

Improve the nutritional quality of diets and decrease excessive caloric intake:

- a. Increase consumption of fruits and vegetables
- b. Decrease consumption of sugar-sweetened beverages.
- c. Decrease consumption of fast food, high-fat snack food and added fat.

2. Breastfeeding

- a. Increase the proportion of mothers who breastfeed in the early postpartum period.
- b. Increase the proportion of mothers who breastfeed for at least six months.
- c. Increase the proportion of mothers who breastfeed for at least one year.
- d. Increase the proportion of mothers who breastfeed exclusively for six months.

3. Physical Activity

- a. Increase the proportion of children and adolescents who engage in physical activity for at least 60 minutes daily in the form of play, recreation, transportation, structured exercise, work, chores, and/or physical education.
- b. Increase the proportion of parents/caregivers who engage in physical activity for at least 30 minutes daily in the form of recreation, transportation, and structured exercise.

4. Screen Time

Increase the proportion of children and adolescents who spend two or fewer hours per day in front of a screen (TV, video, video/computer games).

Appendix B

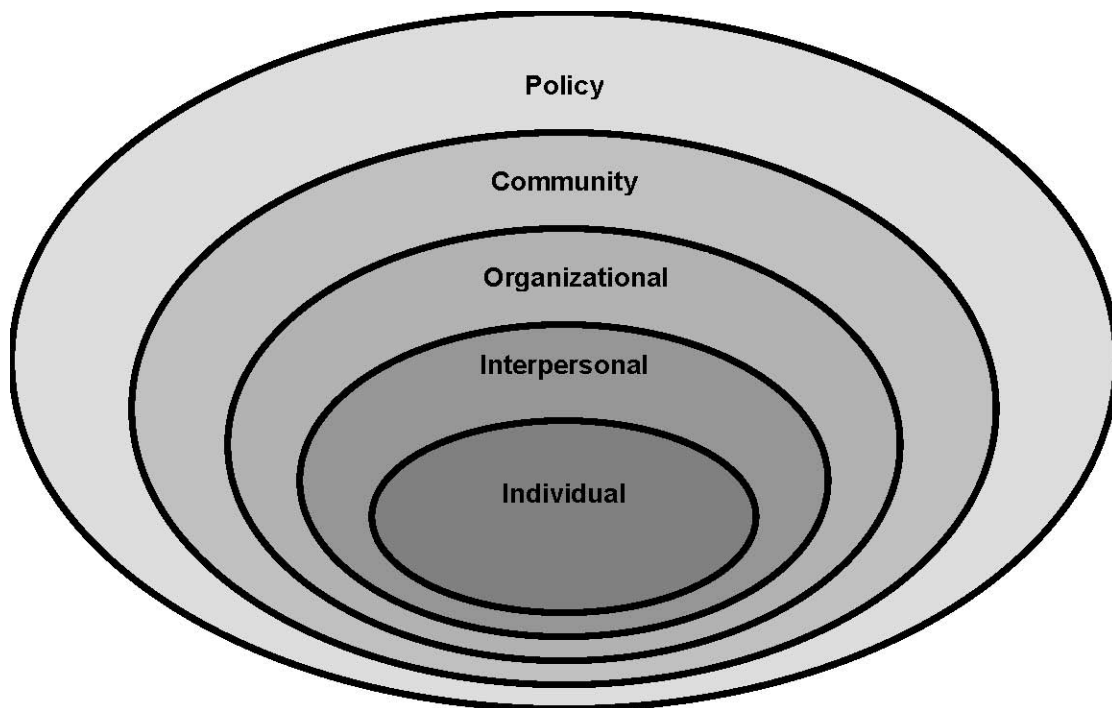
The Socio-Ecological Model

A complex mix of personal and environmental factors determines why people behave in certain ways. The socio-ecological model is a framework for understanding the important role the social and physical environment plays in shaping individual behavior. The model identifies 5 levels of influence on health behavior: individual, interpersonal, organizational, community, and policy.

Interventions that target the inner levels of the model provide education, skills, and peer support that can help a person decide to change their eating or activity habits. Interventions at the individual and interpersonal levels can teach people why they should engage in healthy behaviors and provide them with the skills they need to overcome barriers and be successful. For example, a healthy cooking class can teach people how to prepare tasty low-fat foods on a budget, and provide them with the skills they need to change how they cook for their families.

Interventions that target the outer levels of the model change the social, environmental, and policy factors that make it easy or difficult for people to act on the health information they receive. Interventions that target the organizational, community, and policy levels change a person's surrounding to be more supportive of healthy behaviors. For example, the person who takes a cooking class might not have easy access to low cost, fresh produce. Starting a farmers market or community garden are environmental changes that can increase availability and make it more likely that the skills learned in the class are applied at home.

The best route to sustainable behavior change is to target both the individual and the many outside forces that influence the individual. In this way, behavior change is supported by an environment that makes healthier choices more accessible, affordable, comfortable, and safe.



Individual Knowledge, skills, attitudes, beliefs	Interpersonal Families and peers that provide social identity and role definition	Organizational Rules, regulations, formal and informal policies and structures	Community Social networks and norms	Policy Local, state and federal policies
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Appendix C

The Rhode Island Department of Health's Initiative for a Healthy Weight

The Rhode Island Department of Health, Center for Health Equity and Wellness, is funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to address the obesity epidemic in this state through the Initiative for a Healthy Weight Program. The vision, mission, goals and strategies of the program follow.

Vision

A Rhode Island where healthy communities support healthy eating and active living.

Mission

The mission of the Initiative for a Healthy Weight (IHW) is to prevent overweight and obesity among all Rhode Islanders. IHW coordinates, supports, and implements activities to promote lifelong healthy eating and active living through partnerships, community capacity building, policy and environmental changes, and targeted interventions.

Goal

Lead Rhode Island in achieving the objectives of the state intervention plan for healthy eating and active living.

Objectives

1. Reduce the prevalence of overweight and obesity by increasing physical activity, improving nutrition, increasing breastfeeding and decreasing screen time.
2. Reduce disparities in the prevalence of overweight and obesity.

Strategies

- Build and sustain partnerships for communication, coordination and collaboration.
- Build community capacity through technical assistance, training, and resource development.
- Develop and support policy and environmental improvement initiatives for healthy communities.
- Implement CDC-supported targeted interventions in selected populations.

Appendix D:
PROPOSAL REVIEW SCORE SHEET

Applicant: _____ Proposal Number _____

Instructions to Reviewers: Use one Score Sheet per proposal. In order to be eligible for funding applicants must receive a minimum score of 150 points.

CRITERIA	SCORE
1. Applicant description ___ A detailed description of the organization is provided (0-2 points) ___ The organization has documented prior experience addressing obesity, physical activity and nutrition (0-2 points) ___ The organization's prior experience with wellness, health promotion, as well as why it is an appropriate choice for this project funds is adequately explained (0-4 points) ___ The racial/ethnic composition of organization's board, staff and served constituencies is appropriately documented through proper completion of the diversity form. (0-2 points)	___ 0-10 Points
2. Statement of need and target populations ___ The organization adequately identifies the magnitude/severity of the health problem/need to be addressed and the population that is to be served (0-5 points) ___ The organization adequately identifies the extent to which specific gaps and/or weaknesses in service have been identified and will be addressed by the proposal (0-5 points) ___ The project's relationship to Healthy People 2010 and Governor's Wellness goals is adequately explained (0-5 points) ___ The organization adequately demonstrates appropriate outreach strategy to the target population (0-5 points)	___ 0-20 Points
3. Project Goal Statement, Objectives and Strategies ___ The project goal statement indicates what improvements, changes will occur as a result of addressing issues/needs identified and states in broad terms the anticipated end result of the program (0-15 points) ___ Objectives are specific, measurable, achievable, realistic, and time-limited (0-15 points) ___ Project activities are specific and adequately relate to project objectives (0-15 points) ___ Project activities relate to the project scope of services as outlined on pages 3-5 of the RFP (0-30 points)	___ 0-75 Points
4. Project Timeline ___ The project timeline is realistic and achievable (0-5 points) ___ The project timeline is inclusive of all stated project objectives (0-5 points)	___ 0-10 Points
5. Project Administration ___ Describes how proposed project will be incorporated into already established activities (0-3 points) ___ Organization's ability to fully implement the project is documented (0-3 points) ___ The organization describes how the racial/ethnic composition of the target population will be given consideration in the selection and recruitment of administrative and service delivery staff (0-3 points) ___ The number of staff and the role of each staff member is adequately explained and staff is appropriately qualified and experienced in working with the population to be served (0-6 points)	___ 0-15 Points
CRITERIA	SCORE
6. Evaluation Plan ___ Questions that will be answered through the evaluation are included (0-10 points) ___ The plan includes structural, process and outcome objectives (0-10 points) ___ Indicators that will be used to document achievement of project objectives are included (0-10 points) ___ Evaluation data to be collected and the tools that will be used to collect the data are included (0-10 points)	___ 0-40 Points

7. Budget <input type="checkbox"/> The financial budget lists all project expenses and is appropriate for the project (0-5 points) <input type="checkbox"/> The budget narrative clearly explains and justifies all project expenses (0-5 points) <input type="checkbox"/> Possible future sources of funding are clearly identified (0-5 points) <input type="checkbox"/> The matrix of other HEALTH funding sources is attached (0-5 points)	____ 0-20 Points
8. Overall Merit of Project <input type="checkbox"/> The Project is innovative and creative (0-5 points) <input type="checkbox"/> The project is replicable (0-5 points)	____ 0-10Points
Comments <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Reviewer Number: _____

Total Score _____

Recommend for Funding Yes____ No____